

COPYRIGHT WARNING

Notice: warning concerning copyright restrictions

The copyright law of the United States (Title 17, United States Code) governs the making of photocopies or other reproductions of copyrighted material. Under certain conditions specified in the law, libraries and archives are authorized to furnish a photocopy or other reproduction. One of these specific conditions is that the photocopy or reproduction is not to be "used for any purpose other than private study, scholarship, or research." If a user makes a request for, or later uses, a photocopy or reproduction for purposes in excess of "fair use," that user may be liable for copyright infringement. This institution reserves the right to refuse to accept a copying order if, in its judgment, fulfillment of the order would involve violation of copyright law.

LIFE

FOCUS: SUICIDE

Presented to The Faculty of The
Episcopal Theological School
Cambridge, Massachusetts

In Partial Fulfillment of The Requirements
For The Degree of Bachelor of Divinity

by

Lawrence A. Sherwin

April 10, 1968

TABLE OF CONTENTS

INTRODUCTION	1
--------------------	---

PART ONE. DEATH AND PSYCHOANALYTIC THEORY

Chapter

I. EXPERIENCES OF DEATH	5
II. A. Psychoanalysis and Suicide: A Review of Current Psychoanalytic Theory in Relation to the Problem of Suicide.....	14
B. 1. The Jungian Psychoanalytic Theory in Relation to Suicide.....	23
2. The Analyst's and the Analysand's Attitudes Toward Suicide.....	26

PART TWO. THE PROFESSIONS' VIEWS OF SUICIDE: MEDICINE; LAW; SOCIOLOGY; THEOLOGY; EDUCATION.....

Chapter I..MEDICINE AND SUICIDE.....	33
II. LAW AND SUICIDE.....	37
III. SOCIOLOGY AND SUICIDE.....	41
IV. THEOLOGY AND SUICIDE.....	46
V. EDUCATION AND SUICIDE.....	51
Summary of PART TWO.....	54

PART THREE. THE CHURCH AND SUICIDE

Chapter I. THE CHURCH AND ITS OFFERING.....	59
II. THE ROLE OF THE MINISTER.....	63
FOOTNOTES.....	65
BIBLIOGRAPHY....	69

INTRODUCTION

The thesis here presented is that an individual's relationship to the world around him will be determined by the fundamental relationship between that individual's inner and outer self.

This fundamental relationship is dependent upon freedom, the freedom which goes before and below all other kinds of freedom: the freedom to be at-one with oneself. To be at-one with oneself must involve thinking about one's place in life. This entails asking, along with Who am I? the question What does life mean?

Nothing will bring life into sharper focus than the realization of death. Though death is the only certainty that we mortals have, few face that fact, unless forced to by external events or forces. Yet, most individuals do experience death in many forms, in daily living. Death, in such ways, need not necessarily mean physical death, but rather deaths of certain ways of thinking, behaving, etc. Chapter I will describe and illustrate these various death experiences.

There is, however, one more possibility of death which, for thousands of persons in our own culture, compels the most basic examination of life and that is suicide. This problem will be the vehicle for the discussion and development of this thesis, for the thoughts of one's self-destruction compel the

one considering it to examine the meaning of life and is the occasion for the individual to seek the answer to the soul-piercing question: Who am I?

It is this author's conviction that the inner wrestling that the above 'soul-search' implies is a struggle for freedom of that soul to express its essential need of ultimate and lasting meaning, in life and for life. Suicidal thoughts and suicidal attempts are precisely this crying-out for help in finding such meaning. To discuss this freedom of the soul in relation to an individual's conscious awareness (for the soul has its own awareness), one major section of this thesis (PART ONE, Chapter II) will be devoted to a review of current psychological and psychoanalytic theory and practice, as they are related specifically to the issue of suicide.

The use of the word 'freedom' requires some mention here. It is used in two ways in this paper and one way is to point out the degree of freedom within the individual psyche to express itself; this, then, would be 'internal.' The other way it is used is to discuss this freedom of expression of the individual, which freedom comes from the external world in which the individual lives, i.e., society. Such external freedom, or lack of it, really, will be discussed in the framework of society's attitudes about suicide. This author believes that our society is predominantly influenced in its philosophy, customs, mores, traditions and general attitudes by five major professions: Medicine, Law, Theology, Sociology, and Education. Therefore, PART TWO of this thesis will entail a review of these professions' attitudes about suicide, in order to show why

suicide is still a rather 'hush-hush' issue within our society. As Dr. Karl A. Menninger has said:

To the normal person, suicide seems too dreadful and senseless to be conceivable. There almost seems to be a taboo on the serious discussion of it. There has never been a wide campaign against it, as there has been against less easily preventable forms of death. There is¹ no organized public interest in it....

It is not with a program of prevention of suicide for which this thesis was written. Rather, it is to the more profound question of life's meaning, for all of us, but discussed within the framework of suicide, for which this author writes.

As the present writer is a theological student preparing for the ministry, it is not only fitting but necessary that a section of this thesis be devoted to a discussion of The Church and Suicide, which is the last section of the thesis, PART THREE. The "Church" as it appears in this discussion implies the whole Church, including Catholic, Protestant, and Orthodox Christian churches.

The purpose of this thesis is to help others toward a better, clearer, and less-threatening understanding of the life-and-death struggle which most people have, but which struggle finds its most acute and profound manifestation in suicide.

PART ONE

DEATH AND PSYCHOANALYTIC THEORY

CHAPTER I

EXPERIENCES OF DEATH

There have been volumes upon volumes written about the motivations toward suicide. In countless studies and surveys, one can discern the precise, scientific, objective analyses of suicide: what particular psychological drives lead to suicide; what factors, externally and internally, converge on the consciousness of an individual, leading him to contemplate self-destruction; what is the mode of self-destruction; the season of the year; the day of the week, the time of day; where suicide will occur; proportion of suicides among the white population as compared and contrasted to the negro population; the statistical distribution of suicides in varying age groups, socio-economic levels, educational background, religious affiliation; suicide rates among divorced people; alcoholics; and so on. (The reader is referred to the Farberor-Shneidman publication called The Cry For Help, McGraw-Hill Paperbacks, 1965, pages 22-27.)

The intention here is not really to discredit statistical analysis. Indeed, such scientific study as the above can be most helpful in many areas; for example, such study can possibly act as a barometer in the measurement, say, of social disharmony, decay, or change. It might very possibly have significant meaning for the collective attitudes of society about

itself: ^a A 'sign of the times' perhaps. Even more positively, such statistics about suicide may very well indicate in what areas more understanding of the suicidal individual is needed.

Rather, it is the intention to show the dangers inherent in developing an overly-scientific, 'professional,' objective approach to suicide. The term 'dangers' is used to mean that there is indeed a danger involved in that any consideration of Life as seen through the suicidal impulse will become 'categorized,' typed, if viewed only through the objective. One must not stereotype that unique expression of Self, the Soul. For to categorize the soul is to rob it of its chances to find meaning in life through a freedom of expression, an expression of death.

As was said before in the Introduction, nothing focuses upon life more sharply and decidedly than contemplation of death. Suicide is the most obvious contemplation of death, but we need to look a great deal deeper to arrive at the source of such thoughts. What we should find there are innumerable 'patterns' of death. The key to understanding such patterns is the individual's psyche-response, his soul expression.

To understand all these death patterns, analysis cannot turn anywhere but to the soul to see what it says about death. Analysis develops its ideas on death empirically from the soul itself. Again, Jung has been the pioneer. He simply listened to the soul tell its experiences and watched the images of the goal of life which the living psyche produces out of itself. Here, he was neither philosopher, nor physician, nor theologian, but psychologist, student of the soul.¹

James Hillman, in his book Suicide and the Soul, gives several illustrations of various death patterns,² and some of these will be cited here to show how essential is an understanding of such soul experiences in the question of life's meaning.

It is not uncommon for many people to dream that they have died. Some examples of this: dreaming about what others were saying and thinking about the dreamer's death; dreaming of having been stabbed to death; or dreaming about being executed. Such 'death-dreams' can follow any number of patterns. Another death experience might be seen in the dreams involving a fall or leap from a cliff or building.

A relative or friend dies. Grief results for the survivor, but in many instances, more than 'grief work' is involved, for another's death can cause the soul of the survivor to ask life's (and death's) meaning for itself.

Death experiences of another pattern can be found in situations involving the loss of a secure job or position, one which can never be regained. Instances such as these are common and the comments heard are similar to 'What will I do now? What's left for me? What good is life to me now?'

The loss of a sense of love in a marriage, for example, could very well be termed a death pattern, and certainly a death experience in its own right.

Some may have escaped death in a holocaust or war and not yet have inwardly escaped, and the anxiety is enacted again and again.... Phobias, compulsions, and insomnia may reveal a core of death. Masturbation, solitary and against the call

of love and, like suicide, called the 'English disease', evokes fantasies of death.³

The alcoholic admittedly states that it is "utter defeat" and "personal powerlessness" which "finally turn out to be firm bedrock upon which happy and purposeful lives may be built."⁴ This utter defeat and personal powerlessness are but another possible illustration of a death experience.

Hillman goes on to say that "what is called death by the neurotic mainly because it is dark and unknown is a new life trying to break through into consciousness; what he calls life because it is familiar is but a dying pattern he tries to keep alive."⁵

In the previous illustrations, we have seen various patterns of death. These have been such as would involve dreams; death in the family, or death of a lover; loss of security (job, home, income, etc.); falling out of love (death of attitude); war and such calamities - all of which are relatively common among most people. Other patterns which are increasingly gaining attention are studies done on individuals who seem prone to accidents, either in a series of automobile accidents or industrial (factory) mishaps involving injuries sustained while on the job. (Cf. p. 198, Cry For Help) The smoker who continues to smoke even after repeated warnings by medical research (Caution: 'Cigarette smoking may be hazardous to your health') and his attending physician is another illustration.

Such as the latter illustrations might conceivably be placed at the level of death experience which Edwin S. Shneidman

and Philip Mandelkorn would call "sub-intentioned" death:

No one knows how many accidental and natural deaths are caused by the sub-intentioned wish to die. Some people want to die, but have not reached that state where they will act consciously on a suicidal desire. Instead, they begin to live more carelessly and unconsciously imperil their lives. A chronically ill person who stops taking his life-saving medicine is an example. Depressed college students who drive recklessly are others. Fate, they seem to be saying, will make the crucial decision. But they are giving death the edge.⁶

The aforementioned examples of the varied 'death experiences' have been cited in order to show the reader how, through such various death patterns, death images and death fantasies serve to give meaning to life. It must be said at this point that some death experiences are on a conscious level of awareness whereas many other such experiences are to be found residing in the individual's subconscious, that is, imbedded on a psychological plane which is not found on the level of conscious awareness. Jungian theory in this area of the conscious and the subconscious may be useful here to show where suicide and suicidal attempts fit in to this whole phenomenon of death experience. However, before stating any Jungian theory, it will be necessary to first comment upon a theory of ego which Sigmund Freud postulated. Freud said that the ego was the center of the life-instinct in individuals and that it was this ego mechanism in the human personality which interpreted the meaning of life. In other words, the ego was the life-instinct.⁷ In theory, however, the difficulty arose

when the phenomenon of suicide was applied to this life-centered ego. It would seem that the ego, in the case of suicide, had turned upon itself and had, in fact, become the death-instinct, or death drive.

Jungian theory begins from quite a different reference point. Instead of delegating the ego as the only center of meaning in life, Jungian concept delves even deeper and comes up with the theory of self:

The ego becomes merely the center of the conscious part of our personality functioning. The self constitutes a deeper center of the functioning of the individual human organism, maintaining the contact between the individual and the cosmos to which it belongs. From the self emanates the experience of meaningfulness.⁸

In other words, in order for there to be an experience of real meaningfulness in life, the ego has to 'keep in touch' as it were, with this self. This process of 'keeping in touch' with the self has been referred to by various writers. In psychological terms, the process is called "regression in the service of the ego." Kenneth Keniston, in his book The Uncommitted, reminds us that this term

...is used to characterize creativity in all forms, dreaming, openness to the childish and the archetypal, spontaneity of response, playfulness and capacity for sexual abandon; and this usage implies that whenever the ego relaxes its control the result is somehow 'regressive' and thus, implicitly, 'bad.' Here the phraseology of psychoanalysis clearly reflects the dominant demands of American society.⁹

In short, then, if this contact between ego and self is not made, there will not only be no experience of real meaning in

life, but there will also be serious conflicts arising within the individual personality.

Bruno Klopfer* states:

One further important thought construct for the Jungian point of view in regard to suicide is the assumption that this self, which can be consciously experienced only occasionally (usually in the form of a religious experience), has both a bright and a dark side. When the dark side prevails, a situation in which death seems more desirable or less horrifying than life occurs. This state, in fact, is a necessary, although not a sufficient, prerequisite for any suicidal act.¹⁰

Again, referring back to conscious and subconscious thoughts, Klopfer gives six illustrations of situations where death seems preferable and even desirable to life. These situations are usually on the conscious level of thought of the individual:

1. The death of the hero or martyr... (where)... the life of the individual seems far less important than the preservation of the ideal.
2. Intractable pain or unbearable mental anguish make life seem so miserable that death appears largely as a liberation, regardless of what expectation a person may have regarding the hereafter.
3. Counterphobic reaction to death... in which the expectation of death seems so unbearable that the individual prefers an end to horror to a horror without end....
4. Reunion with a dead loved one is sought in cases where the death of a loved one seems to carry with it all the meaning of life....
5. The search for freedom... leads to cases of completely unpredictable, almost whimsical acts of suicide, involving the desire not to be committed, not to be tied down, to life or anything it contains.

*Bruno Klopfer received his Ph.D. in psychology from the University of Munich in 1922 and was a student of analysis under Dr. Carl Jung.

6. The search for closure, the opposite situation, is an older person's longing for death as a well-deserved closure to a rich and full life.¹¹

However, Jungian thought also delves into the subconscious realm of the 'self' and theorizes that this self undergoes its death experience, though an experience which is an attempt at a 'spiritual rebirth' within the life span of the individual.

James Hillman, Director of Studies at the C. G. Jung Institute, Zurich, Switzerland, calls this spiritual rebirth "an attempt to enter another level of reality, to move from becoming to being."¹² In short, suicide would be the attempt to achieve this spiritual rebirth, this change, this "transformation, as Hillman calls it, by radically forcing the death experience which suicidal impulses carry.

In the phenomenon of suicide, we see the conflict raging between opposites: "body and soul, outer and inner, activity and passivity, matter and spirit, here and beyond, which become symbolised by life and death."¹³

Focusing on suicidal images as a part of all this death experience, I quote at length from Hillman.

... it is the patient's "I" and everything he holds to be his "I" which is coming to its end. The entire network and structure is to be broken, every tie slipped, every bond loosed. The "I" will be totally and unconditionally released. The life that has been built up is now a cage of commitments to be sprung;.... This effect is all that counts. How it comes and when it comes are questions secondary to why it comes. From the evidence which the psyche produces out of itself, the effect of the death experience

is to bring home at a critical moment a radical transformation. To step in at this moment with prevention in the name of life's preservation would frustrate the radical transformation. A thorough crisis is a death experience; we cannot have one without the other. From this we are led to conclude that the experience of death is requisite for psychic life. This implies that the suicidal crisis, because it is one of the ways of experiencing death, must also be considered necessary to the life of the soul.¹⁴

CHAPTER II

- A. Psychoanalysis and Suicide: A Review of Current Psychoanalytic Theory in Relation To the Problem of Suicide.
- B. 1. The Jungian Psychoanalytic Theory In Relation to Suicide.
2. The Analyst's and the Suicidal Analysand's Attitude toward Self and Suicide.

There are several, varying theories and practices which the field of psychoanalysis embraces in its approach to the issue of suicide. It is the intention here to present the most prevalent ones in Section A, while particular attention will be given to the Jungian approach in Section B. Some mention will also be made, in Section B, about the concept of 'lay analysis,' a phrase signifying the concept which, while aligning itself to the whole work of analysis, does not include the traditional medical training which is part of the general training background of psychiatry and psychoanalysis to the present time. For this latter topic, James Hillman, a lay analyst, will be frequently cited, as will Bruno Klopfer, a Jungian-trained analyst.

A. Any discussion of the broad field of psychoanalysis, psychiatry, psychotherapy, or psychology must begin with some introductory comments about the singular contributions of Sigmund Freud, since he is that one from whom many - if not most - psychoanalytic theories originate. He, indeed, pointed the way.

It is the intention here, with a discussion of Freud's contributions as well as others', to focus on the topic of suicide and, in as concise a way as possible, to delineate the suicide-oriented theory as it applies to psychoanalysis.

1. To begin with, Freud postulated two distinct drives or instincts: the life-instinct, EROS, or the sexual drive, and the death-instinct, THANATOS, or the drive of aggression and destruction.

The former drive describes the erotic component of mental activities, and the latter gives rise to aggressive, destructive components. It is important to know that Freud emphasized that neither drive could really function independently of the other but that they are fused in variable amounts.¹

What this means, then, is that no act of love is without some unconscious degree of aggression, and the converse of that. Menninger, for example, takes issue with the 'wish-to-die' theory of the death instinct, and as that instinct applies to suicide, he theorizes (based on his clinical experience) that it is not so much the wish to die, but rather the wish to kill and the wish to be killed. "The condition of a fusion of the destructive and sexual (life) drive was central to his theories, with self-destructive activity, emerging when there was incomplete or inefficient functioning of the neutralizing device of love."²

According to Dr. Samuel Futterman*: "The death instinct

*Doctor Futterman received his B. S. degree from the College of the City of New York in 1930 and an M.D. degree from the University of Geneva, Switzerland, in 1935. He had his psychoanalytic training at the New York Psychoanalytic Institute.

is characterized as essentially conservative, avoiding new experiences, and striving for a state of complete rest; it seeks the past and is under the domination of the repetition compulsion."³

Freud further postulated that depression played a most significant part in suicide, in the form of 'retroflexed rage.' This rage was really intended for someone else, but had been turned inward upon the patient himself. "He concluded that suicide must be the ultimate form of this phenomenon and that there was no suicide without the desire to kill someone else."⁴ Dr. Herbert Hendin*, in speaking to this factor of depression, feels that depression represents a great degree of effort on the part of the patient to adapt to strong dependency needs. Rage and retroflected rage would therefore be the outcome of great measures to achieve this dependency.

The whole dependency constellation, whether depression is present or not, and attitude toward rejection and abandonment are as important as the ways in which aggression is handled in understanding suicide. Equally significant and most neglected psychodynamically are the patients' attitudes and fantasies toward death and dying. Great suicidal danger exists when the patient, consciously, in dreams, or in fantasies, views death as a source of gratification. The danger is also great when the patient is apathetic and views himself as already dead. In addition, death may also be viewed as punishment and suicide as an atonement.⁵

*Doctor Hendin received a B.A. from Columbia University, an M.D. from the New York University College of Medicine (1949), and a degree in psychoanalytic medicine from the Columbia University Psychoanalytic Clinic for Training and Research where he now is an instructor in psychoanalysis.

2. Another prevalent analytic view is that of the Adlerian school. In a discussion of Adler's point of view, this author will refer to a summary done by Heinz L. Ansbacher, a recognized authority on Adlerian psychology.*

What is striking about the Adlerian point of view is its basic tenet: "The individual cannot be considered in isolation but must be considered as part of his social context. Adler's theory is a field theory. Not only is the individual influenced by his social setting, but his actions are in turn socially effective. What occurs in one part of the field must produce effects in other parts."⁶ The individual, while fundamentally a part of the broader social setting, is nevertheless a unique entity. And the individual is, above all other drives motivated by "a striving for a goal of success," whether conscious of this goal or not. Ansbacher says that "this striving Adler has named variously a striving from below to above, a striving from a minus situation to a plus situation, or a striving for superiority or perfection or completion. The particular name is less important than the general idea it represents...."⁷ Speaking further about this striving, Ansbacher goes on to explain that mental health or mental disorder will determine the usefulness or the uselessness of striving. If one is mentally healthy (in other words, if the

*Doctor Ansbacher received his Ph.D. degree in psychology from Columbia University in 1937. Subsequently, he became assistant editor of Psychological Abstracts and taught at Brooklyn College and Duke University. In 1946 he went to the University of Vermont, where he is now Professor of Psychology.

striving for success makes sense to the individual as well as to his society) then he will be an asset to society and will contribute to that society. If, on the other hand the person is maladjusted (that is, if his striving makes sense to himself but not to society) then he represents a liability to his society and his striving is not valid. Adler, in seeking a factor which might be common in all cases of individual mental disorders, came upon the element of social interest as a measure of appraising mental health (or mental disorder). Adler, according to Ansbacher, postulated that "deficiency in social interest is the common denominator for problem children, neurotics, psychotics, alcoholics, drug addicts, prostitutes, perverts, and criminals, as well as suicides."⁸

While Adlerian thought focuses on the overall social-interest-in-social-context referent, mental disorders are to be diagnosed and treated in such a way as to better see how these social forces have become "uniquely concretized" in an individual's mental imbalance.

Unique though symptoms may be according to Adler, in the case of suicide, there are nevertheless certain symptomatic categories which characterize the suicide. Ansbacher quotes Adler on the following categories:

- a. Pampered life style. Suicidal tendencies, like depression, which is closely related, develop "in individuals whose method of living from early childhood on, has been dependent upon the achievements and the support of others. They will always try to lean on others."
- b. Inferiority Feelings and Self-Centered Goal. "Their self-esteem from childhood on is clearly low, as can be concluded from their unceasing

attempts to achieve greatest importance." The suicidal person is ambitious and vain. The contemplation of suicide gives him a feeling of mastery over life and death.

c. Among the maladjusted the greatest amount of activity is found in criminals, where again the murderer shows more activity than the pickpocket. ... Activity is generally lowest in anxiety neurosis and schizophrenia, greater in compulsion neurosis and depression, and greatest in suicide.

d. Veiled Aggression. "The life style of the potential suicide is characterized by the fact that he hurts others by dreaming himself into injuries, or by administering them to himself." ... Suicide can be taken as an act of reproach or revenge. In this respect it is also similar to depression and to alcoholism and drug addiction, all of which are forms of veiled attacks on others who will have the sorrow or care. In suicide, as in depression, the life style employs complaints, mourning, and suffering to influence others by creating sympathy. Thus we also find self-accusation and begging for forgiveness, which are often included in the notes left behind.⁹

Still speaking from the 'social context' referent, Adler nevertheless makes exception to the mentally disordered, maladjusted, symptomatic category of suicide when he comments: "Situations in which the approximately healthy may regard suicide as the only way out are: endless suffering, inhuman cruel attacks, fear of discovery of disgraceful or criminal actions, incurable and extremely painful diseases, etc."¹⁰

When the criterion of social interest is seen in Adlerian terms as leading to a more "objectified striving" which is more society-oriented, appealing, healthy and therefore 'valid' then Ansbacher is correct when he says that "Adlerian psychology is a rational psychology."¹¹

3. We move now to quite a different analytical point of view from the preceding two, and one which is called the

Personal Construct Point of View. This theory is propounded by Dr. George A. Kelly, psychologist.* What is surprising about this Personal Construct point of view is that Kelly categorically sweeps aside all categories! He says:

It is often helpful to strip human behavior of pathological interpretations. Health and illness are exceedingly prejudicial terms, and more often than not, when we use them, we succeed only in beclouding the relevant issues. It is much more enlightening to look at any human act in terms of how and what it fits and the ends it accomplishes.

Take suicide, for example. Instead of treating it as something evil, pathological, or nonsensical, we can understand it far better if we look at the act itself and what it accomplishes from the point of view of the person who performs it.¹²

Kelly believes that by examining suicide in light of a very basic question, namely death, and with what outlook an individual has sought death rather than life, "we shall be inquiring after a psychological principle rather than a simple situational determinant."¹³ Kelly goes beyond the categories of those labelled as mentally ill, imbalanced, or disordered who commit suicide and extends the suicidal phenomenon to various levels of human life and behavior. What a broad, encompassing view of 'suicide' he gives us in the following:

Certainly it is not so unusual for persons to stack their cards in favor of death. Some do it for a social cause. Some do it

*Doctor Kelly completed his undergraduate education at Friends University and Park College and pursued graduate studies at the University of Kansas, the University of Minnesota, and the University of Edinburgh. He received his Ph.D. from the State University of Iowa in 1931.

because it is expected of them, as in battle. Some do it for fun, as on the highway. Some do it to avoid the guilt of being a few minutes late for an appointment. Some do it in exasperation. Some do it in beautiful resignation. Mothers often risk their lives to bear children, and it is not uncommon to find both parents risking their health, and lives, to support those children in competitive luxury. Indeed, if one looks around him, he can see lives being sacrificed on every hand, and for little reasons as well as for big ones.¹⁴

One of Kelly's main contentions, a major tenet, of the suicidal act is its effect upon the validation of that person's life. As precise illustrations of this validating act, he cites the examples of Socrates and Jesus. In the example of Socrates, we are reminded that he took his own life by drinking hemlock. Not because Socrates felt hopelessness or felt that all was lost and he had been wrong, irrevocably, but because this ~~supreme~~ act was the most effective way of standing for what he believed was the principle and goal of life: Truth and the never-ending search for Truth ("Know Thyself"). If he had pleaded "Guilty" before his accusers, his whole life would have been a scandal, an hypocrisy. So, he took his own life to attest to that principle, both for himself and for posterity. (One might wonder in Adlerian terms, whether Socrates' death wasn't, in deed, an act which was motivated by an extreme 'social interest,' and the result of that suicide a magnificent asset.)

Kelly illustrates the same type of motivation in the crucifixion of Jesus. Jesus, Kelly states, was likely greatly influenced by the life of Socrates. The death of Jesus, in this light, was under conditions similar to those of Socrates: Jesus chose to die (he had an option, in other words) in order to

validate the 'essentials of (his life)' as Kelly would state. In both instances, states Kelly, "if (they) accepted the verdict of guilt in order to save (their own) skin, it meant that (they) had been talking through (their) hat."¹⁵ What Kelly is attempting to show, with these examples, is that this could very well be the natural outcome of an individual's whole life's construction, the life pattern, as it were.

To sum-up his conviction about suicide as the most extreme validating, personal act, Kelly states:

In a broad sense, each of us gives his life for something, something noble or something ignoble, though mostly something in between. Some do it decisively in one abrupt and frightening gesture. Some do it slowly and unobtrusively, sacrificing themselves little by little. Some face death outright; others stumble in its general direction. To seek to die well is an object of the full life, and those who fail to live well never succeed in finding anything worth dying for. Thus life and death can be made to fit together, each as the validator of the other.¹⁶

Summary of Section A

In brief, it must be said that the three psychoanalytic views in relation to suicide which have merely been presented here, are only to show the broad range of interpretations and psychoanalytic approaches to the problem of suicide. Certainly there are others, positioning themselves perhaps somewhere between the interpretive stances indicated in this Section. This author recommends that these additional views be studied in summary form as they appear in the book, edited by Farberow and Shneidman, The Cry For Help, pages 167-321. (See Bibliography)

B. We turn now to a discussion of the Jungian psycho-analytic view as it pertains to the problem of suicide. Considerable has already been said in Chapter I of this thesis, in relation to the Jungian approach to suicide. However, it is this author's inclination and preference for the Jungian and subsequent Jungian attitudes about suicide which leads to the necessity for spending additional time and explanation of this particular school of thought in this Section.

1. The Jungian Theory in relation to suicide.

As has previously been mentioned, Jungian concept does not view the ego as the only center of meaning; rather, it is the center of meaning for the conscious part of the personality. Jung would term the center of meaning for the subconscious as Soul or Self. It is here, in the soul or self, in the subconscious realm of the personality, where meaning in life is derived. This meaning in life and of life is derived from the experiences in life which the personality encounters.

Experiences cannot be made. They happen - yet fortunately their independence of man's activity is not absolute but relative. We can draw closer to them - that much lies within our human reach. There are ways which bring us nearer to living experience, yet we should beware of calling these ways "methods." The very word has a deadening effect. The way to experience, moreover, is anything but a clever trick; it is rather a venture which requires us to commit ourselves with our whole being.¹⁷

This whole being of which Jung speaks of course includes the ego as the conscious mechanism of our personality. To put this ego function in simpler terms, we might draw an analogy here.

Let us imagine the ego as a relay station, receiving messages and images from two sources, from two opposite sources of power. Each of the two power sources attempts to push as much energy as possible into this relay station, this subsidiary control center. Now, it is the function of this sub-station to maintain a balance of power coming from these two sources, and to integrate one with the other. If an imbalance should occur, let us say that the relay mechanism makes temporary allowances in favor of the stronger power source, thus putting stricter controls and limits on the lesser power. However, the lesser power source begins to build up a reserve of power which ultimately must be allowed to flow back into the relay station. In this case, the relay mechanism must again seek appropriate balance between the two.

With the above model, perhaps we might be better able to understand the frames of reference of not only Jung, but other analytical theories as well. For Jung, one of the sources of power would be the Self, the Soul. The other principle source would be, say, the 'outside world,' society-in-general, or Life, perhaps. The former, the Soul, would be an internal source while the latter would be external. Basically, this model serves to illustrate the Freudian theory of personality, also, with variations in terminology. For example, rather than 'soul' or 'self' Freud would theorize that this source of power is a mechanism based on instincts (recall the EROS and THANATOS, life and death instincts). Adler, on the other hand, would refer to the same source as 'social interest'

serving the fundamental instinct of success-striving, within the context of society.

Now, when a breakdown of our imaginary relay station (ego) occurs, i.e., when an imbalance arises and the mechanism's function is impaired, we see the fundamental distinctions between these three psychoanalytic approaches. For Jungian theory, the imbalance (the concept of 'neurosis' may now be substituted for 'imbalance' in this discussion) arises when the ego doesn't pay sufficient heed to the expressions of the inner self, the soul. For Freud, an impasse has been reached ~~when~~^{where} the ego can no longer cope as under 'normal' conditions with the conflicting life and death instincts or impulses. Adler, from another view, would say that the ego has shut out the power (and utility) which should be coming in from the person's social milieu; in other words, that the person has lost the necessary social (external) interest and is now serving only the internal, impulses of striving (which may very well present a negative condition, a liability of society). This author must agree with the Jungian starting point, as it were, of the soul. When the issue centers upon meaning of life, and when the instrument of that issue (at this juncture in our present discussion) becomes a psychoneurosis, we must look to the individual person, first. ~~Not at~~ his ego strengths or weaknesses, not as the ego finds itself in relation to the greater, 'collective' ego which surrounds it, but first as a unique personality. And the unique aspect of that individual is his unique, individual soul. Therein lies the meaning of that person's life

experiences. To understand these experiences, the soul must express itself first without the shackles of the ego.

As was mentioned earlier, Jung speaks of a spiritual rebirth of the individual soul. Perhaps the following quote will help to elaborate this concept.

The reproach levelled at the Freudian and Adlerian theories is not that they are based on instincts, but that they are one-sided. It is psychology without the psyche, and this suits people who think they have no spiritual needs or aspirations. But here both doctor and patient deceive themselves. Even though the theories of Freud and Adler come much nearer to getting at the bottom of the neuroses than any earlier approach from the medical side, their exclusive concern with the instincts fails to satisfy the deeper spiritual needs of the patient. They are too much bound by the premises of nineteenth-century science, too matter of fact, and they give too little value to fictional and imaginative processes. In a word, they do not give enough meaning to life. And it is only meaning that liberates.

Ordinary reasonableness, sound human judgment, science as a compendium of common sense, these certainly help us over a good part of the road, but they never take us beyond the frontiers of life's most commonplace realities, beyond the merely average and normal. They afford no answer to the question of psychic suffering and its profound significance. A psychoneurosis must be understood, ultimately, as the suffering of a soul which has not discovered its meaning. But all creativeness in the realm of the spirit as well as every psychic advance of man arises from the suffering of the soul, and the cause of the suffering is spiritual stagnation or psychic sterility.¹⁸

2. The Analyst's and the Analysand's Attitudes Toward Suicide.

Referring more specifically now to the immediate focus of this paper and this Section, let us examine this Jungian psychoanalytic theory as it applies to the analyst and to the

analysand, the person who, in this case, is suffering mental and spiritual conflict, which conflict is manifested in suicidal thought. (For purposes of the presentation here, "suicidal thoughts" shall encompass the broader range of suicidal images, fantasies, and attempts.)

First of all, let us envision the analyst alone in his office. In what ways (if at all) does suicide affect this person? Basically, we need to ask: What does suicide point to? The response might very well be one of two. First, the analyst might view suicide as a struggle of Life against Death (or, in exceptional cases, Death struggling for dominion over Life). This response carries with it an either-or implication. In a radical situation where a crisis has arisen and a suicidal attempt was made, suicide may be the search for a quick, almost immediate, radical change. Or, the second response may be a question of meaning to life through death (in the sense of death experiences as described in Chapter I). At any rate, if thoughts of death, in its multitudinous forms or patterns, occur and are allowed to move about in conscious thought, the end result might very well be a deeper, more sustaining view of life itself.

Klopfer, in his concluding paragraph of the summary of the Jungian point of view of suicide, perhaps sums up the significance of the therapist's (analyst's) own feelings in the analytic setting.

We might conclude with a few words about the general topic of counter-transference or counterreactions: the feelings of the therapist for a suicidal patient or a suicidal threat. Essentially, the answer to this

problem is the ability of any therapist to face up to death, either in the case of suicide or in the case of incurable disease; it depends very much on the degree to which he is able to come to a successful reconciliation with the reality of death in his own personal philosophy. The problem of the meaning of death is a crucial area in the whole discussion of suicide; this problem can be related back to the therapist and his resolutions and solutions. It seems, then, that a prerequisite for the successful treatment of suicide is to believe in something as a key to the meaning of life.¹⁹

To be sure, whatever the therapist's or analyst's attitude and conviction may be as regards his own death, this attitude will certainly be communicated to those who may become his patients. If the analyst has not come to terms with his own death, if he has not derived a real philosophy of life to include death, then his communications to others may very well present an obstacle in any therapy experience. But, more will be said along these lines in another Chapter of this thesis. (Cf. PART TWO, Chapter I)

Turning now to the attitude of the analysand, let us examine some of the difficulties encountered on this side of the psychoanalytic view. To begin this section with the suicidal focus, the words of Albert Camus set the fundamental problem in a most challenging and provocative way.

There is but one truly serious philosophical problem, and that is suicide. Judging whether life is or is not worth living amounts to answering the fundamental question of philosophy. All the rest - whether or not the world has three dimensions, whether the mind has nine or twelve categories - comes afterwards. These are games; one must first answer.²⁰

^{To}~~And~~ answer is what the suicidal analysand is attempting to do. Basically, he is not trying to discover whom he hates: his mother, his father, his boss; etc. These may be important to him but it is not what he is looking for. It is that 'fundamental question of philosophy' which he is wrestling with: What is life? Who am I? How am I to cope with this life? Or death?

It seems reasonable to say that the patient has arrived in the analyst's office because the ego, the relay station of our previous model, can no longer satisfactorily maintain a proper balance. In other words, a conflict has arisen. In the case of the suicidal analysand, death seems to beckon more strongly than ever before as a resolution and the suicidal comes to the analyst for help - not necessarily for help to live but also for help to die.

('Help to die' in this discussion does not, in any way imply that the analysand comes to the analyst with any expectation that the analyst will necessarily approve or encourage suicide. The death involved here is that dying of the 'old ways' in favor of a spiritual rebirth, a coming to life of the inner self, the soul.)

The suicidal patient is suicidal because defenses, controls, solutions - which were at one time in his previous life adequate to cope with the innumerable stresses of daily living - are no longer sufficient; old habits, ways of living, views of life in general appear to be falling away. What used to provide meaning and sustenance no longer does. In short, in

the critical suicidal situation, the individual is seeking a deeper, more sustaining, transcendent, lasting meaning to life itself.

The last paragraph may appear to some specialists as a gross oversimplification of a most crucial issue. However, it is the opinion of this author that when the fundamental feelings, the most profound and deep experiences of the individual's soul, the soul images, if you will - when these are freed into conscious expression, only then might real meaning for that individual emerge.

The vehicle for this inward search may very well be the situation or situations in the individual's daily living which have reached the critical state. But, the destination must be the soul itself.

What we are talking about here is the goal in analysis . (indeed, in life itself) of self-realization. And, as has been previously said, the resources of the soul, those unique, individual experiences in life, must be tapped, must be allowed their due expression. In psychological jargon, then, what is required is that the ego forego its demands in the service of the soul; the ego must return to its "magna mater," as Klopfer refers to this self. Only when and if this occurs can there ever be a 'spiritual rebirth.'

This process of rebirth is not without danger. The archetypal force of the magna mater has both life-giving and life-destroying aspects, parallel to the dark and bright side of the self. Therefore, the night journey contains always the danger of ending in destruction rather than in rebirth. If the

patient is made aware of this danger and is helped to face it by the analyst, the suicidal crisis can be transformed into a profoundly healing and life-giving experience.²¹

So, then, if healing is to ensue, if new meaning is to unfold itself, then the primary requirement is the freedom of expression, of total expression. It is the analyst's responsibility to insure and promote this freedom on the part of the analysand, after the analyst himself has come to terms with his own life and death experiences, after he has, for himself, answered that 'fundamental question of philosophy.'

PART TWO

THE PROFESSIONS' VIEWS OF SUICIDE: MEDICINE;
LAW; SOCIOLOGY; THEOLOGY; EDUCATION

CHAPTER I

MEDICINE AND SUICIDE

In a word, the goal of Medicine in its treatment of suicide is Prevention. But, let us look at the profession's concept of treatment in more general terms before we turn specifically to suicide.

What is the task of the physician?

...to prevent illness; to treat, heal and cure where possible; to comfort always; to repair and encourage; to allay pain; to discover and fight disease - all in order to promote physical well-being, that is, life.¹

In our present complex, technological twentieth-century milieu, the above description of the physician's task may appear unjustly understated. Nevertheless, it does contain the traditional fundamental goals of Medicine.

What we are focusing on here is Medicine's meaning of life. Increasingly, what Medicine's (and Society's) view of life reveals - especially with technological advances such as heart transplants, etc. - is a quantitative measure. Somehow, better life is equated to prolonged life; witness all the mechanical measures used to maintain life of an individual patient, whether that patient has suffered a crippling heart attack or an incurable disease. The physician must always be on his defense lest some unforeseen, external threat arise to endanger the life-process of his patient. And this life-

process is, by and large, measured quantitatively. By this is meant that through body functions is the 'quality' of life measured by the physician. If all functions are within the scientifically-determined range of normal, then the patient is 'all right.'

At a recent Symposium on Death, Grief, and Bereavement at the University of Minnesota, the problem of Medicine's (via the physicians') approach to death and the dying came under critical scrutiny.

Jeanne C. Quint, a research associate in the school of nursing at San Francisco Medical Center, pointed out that the national distaste for talking about death is reflected in the attitudes of physicians. Doctors frequently instruct the staff that the patient is not to be told about his condition, she said. The effect of this is that nurses often develop strategies to avoid conversation with the patient, adding to his isolation.²

Dr. John Riley, Jr., vice-president of research at The Equitable Life Assurance Society, and one of the speakers at the previously mentioned Symposium, said that "the practice of segregating the dying has given us a 'relatively death-free society' in which the problems of dying can be conveniently ignored."³

Because death stands outside the medical structure, indeed, as it represents the greatest threat to Medicine's *raison d'etre*, the physician has learned the art of prolonging life by combating death.

Suicide therefore, to the physician represents the sudden emerging of death out of the darkness. Indeed, suicide,

perhaps more than incurable disease or old age, presents the most frightening and challenging threat to Medicine. James Hillman comments that "the medical model itself supports the standard rule: any indication of suicide, any threat of death, calls for the immediate action of locks and drugs and constant surveillance - treatment usually reserved for criminals."⁴

As often happens, when a physician is faced with a suicidal individual, one of the very first 'treatment measures' is to relay, or refer the individual to a psychiatrist, psychologist, social worker, or some other counselor who is 'more qualified' to handle the case. Again, what oftentimes occurs when this same suicidal patient lands in the psychiatrist's office is that the psychiatrist (with his medical training looming large before him) prescribes various medications to 'calm' the patient. (It would seem questionable as for whom this 'calm' is being prescribed.) Armed with medications, an appointment book, and a 'case history,' does the physician or physician-psychiatrist combat the threat of death manifested in the suicidal thought and behavior of his patient.

All of the preceding criticism must not be misunderstood by the reader; it is not this writer's intention that physicians should be 'all things to all men.' On the contrary, it is not within the structure of Medicine's scientific background or training to place psychological needs as the primary consideration. In short, concern for the individual's soul is

not a part of the physician's training, as that training prevails at present. This writer can only conclude this whole discussion of Medicine's view of suicide by saying that suicide need not necessarily call for anxious intervention in the name of suicide prevention, but rather that suicide may become an opportunity for inquiring into an individual's meaning of life itself. Kenneth A. Fisher, in a recent article published in The Psychoanalytic Review, offers what is perhaps a hopeful outlook, with which we may conclude this section. Speaking as a therapist about therapists, he says that with "personal therapy, acquisition of elaborate knowledge and the adoption of medical traditions" the therapist for a lengthy period of time is enabled to maintain a professional, objective stance in his practice.

But then - usually in middle age - our own nature and circumstances may reassert themselves, concurrent with the steady impact of patients and we slip into an emotional and intellectual crisis. Compelled to take stock, we see our own suffering and loss, but eventually we find new clarification and strength along the lines of our basic personality. The quandry leads us to depths in ourselves and a sense of irony we did not hitherto possess. Indeed, we are all more simply human than otherwise.⁵

CHAPTER II

LAW AND SUICIDE

Society, traditionally depending upon its physicians when damaged or diseased bodies need repair, by the same token depends upon its Law to maintain order and a reasonable consistency and continuity within the 'body' of society. Laws and statutes arise out of a need to prevent, as much as possible, any threats to the stability and harmony of society. There is security in reasonable stability, might be another way of stating the reasons for established law.

Suicide is still 'on the books' as a criminal offense in some countries (and several of our American states), though increasingly it is being left untouched, legally. However, though strictly legal measures are no longer widespread against the suicidal (i.e., 'the Law' has, for all intents and purposes, relaxed its legal stance against the act of suicide), the tradition behind the laws against suicide nevertheless represents an attitude of prevention which is still influential upon society's general attitude toward suicide. In short, we of the Twentieth Century yet possess the intense legacy of fear of death, but especially of suicide, which our forefathers imparted to us, indeed, which they legislated!

We need, then, to look briefly at our heritage of Law,

especially as it pertains to suicide.

James Hillman again goes to the heart of the tradition when he focuses upon the religious foundation of the law against suicide.

But for the three great pillars of Western law (i.e., Roman Law, Church Law, English Law) suicide was not judged in terms of man's relation to himself. It was judged from the outside, as if man belonged first to God and King and last to himself. Again, we are told man cannot serve both his own individuality and his God and society.¹

Suicide at one time was considered the greatest criminal offense, because it was considered an offense against God and King. Hillman tells us that in 1809, Blackstone suggested that the corpse of the suicide "be mangled by the surgeon's knife and exposed to view," (in reference to female suicides) and that, in 1790, John Wesley "proposed that the naked bodies of female suicides be dragged through the streets."²

It is part of that same tradition, of those earlier times, that the body of the suicide not only was denied the usual Christian rite of burial but that the body was dragged to a crossroads and driven through with a stake!

In the nineteenth century, with growing tolerance, such inhuman measures were foregone and punishment was inflicted upon the property or estate of the deceased who had taken his own life, and was forfeited to the Crown, as it were.

In our own contemporary age, society has become more sophisticated in its view of Law as it pertains to suicide.

Few people today would deem the suicide a criminal; a coward perhaps, but at most the suicide would be considered "insane" or temporarily demented.

In a pamphlet entitled "Ought Suicide To Be A Crime?" published by a Committee invoked by the Archbishop of Canterbury in 1958, for the purpose of reviewing the legal codes relevant to suicide, we find the following excerpt which quite concisely puts the problem in focus.

In its attitude to this subject, as to some others, public opinion has outstripped the Law. With regard to attempted suicide, the Law is not uniformly enforced, and it ought to be repealed or amended. There are many who now doubt whether a Court of Law should be allowed to take any cognizance of suicide as a punishable offence; for obviously it is the one offence for which the offender can never be punished; and as for the attempted suicide, it may be doubted whether punishment is likely to do much by way of deterrent or of reformation, for one whose trouble is that he found life so intolerable already that he wanted to get rid of it.³

It would seem that most of present society, then, when it does consider suicide, does not consider it a criminal act. To be at such a stage in thinking is remarkable and hopeful, especially in view of the many centuries of legal tradition which violently taught that it was the most hideous of crimes. In view of current attitudes, then, it is not surprising to find that such as the following recommendation (made by the Commission established by the Archbishop of Canterbury, just referred to) are being made and subsequent legal amendment forthcoming.

1. That attempted suicide should cease to be a crime, and that consideration be given to placing the law with regard to the liability of secondary parties to suicide on a more realistic basis by abolishing the felony of suicide and creating a new offence of aiding, abetting or instigating the suicide of another.⁴

Thus, hopefully, will suicide be stricken from the realm of Laws and Statutes. But, there is certainly more that needs to be said - frequently and loudly - along the lines of the existing legal attitude of insanity as applied to the suicide. Even though society in general, by thinking in psychological terms (e.g., 'insanity'), is coming closer to an understanding of the suicidal individual; this same society must become aware of the stigma it is producing, or perpetrating, upon many of its members, namely those who are really wrestling with life's meaning.

If society is to assist that individual who, through suicidal behavior (thoughts, attempts), is attempting to answer whether or not life is really worth living, the label of 'insane' in whatever form that might appear may be sufficient to carry him fearfully, but with no alternative, to his grave. In other words:

This means at its worst that justice is performed by defamation of character. To be saved from being found a murderer, one was defined a lunatic. The phrase was: 'whilst the balance of his mind was disturbed'. The 'sane' suicide was consequently hushed up or disguised as an accident.... To concur in this legal opinion would be to enmesh all the differences and to declare as madness every suicide, no matter how each appears from within.⁵

CHAPTER III

SOCIOLOGY AND SUICIDE

As the close of the nineteenth century saw the emergence of psychoanalytic and psychological theory through the research of Sigmund Freud, so also did this period produce, through the objective research of one Emile Durkheim, a sociological study of man. Durkheim probably more than any other figure influenced the future course of social analyses.

Durkheim published in 1897 the first major sociological treatment and analysis of suicide. The work originally appeared under the title of Le Suicide and was translated into English first in 1952. By way of clarification, it might be helpful to show the contrasts between Durkheim's and Freud's basic referent in the problem of suicide.

Both were interested in what the unconscious factors were, the unknown forces, at work in the instance of suicide. Freud postulated that these unknowns were to be found in the individual's unconscious mind; Durkheim attempted to locate these same unknowns, but began at the other end, so to speak, not in the individual's unconscious, but rather in the 'collective mind', those forces at work in a given group or society of individuals. In other words, the direction of the suicidal influence went from group (the collective) to the individual, not vice versa as was the postulate of Freud. To Durkheim, the

appearance and the rate of suicides in any given society were indications of that society's tendency to break down, to disintegration, or to 'de-structurization.' If these terms are not in keeping with Durkheim's thought, then certainly it could be said that as deficiencies grew within a particular societal group, these deficiencies increased the possibilities of suicide. Deficiencies could be represented by those who attempted or committed suicide. Therefore, prevention of suicide aimed at re-integrating the individual back into the greater society, the 'collective mind.'

However, it must be understood that the source of the suicidal impulse (that is, according to Durkheim) was not to be found within the individual's make-up. Rather, it actually had its source within the larger, collective mind or make-up of the society of which the suicidal was a member. In Durkheim's words:

It is not mere metaphor to say of each human society that it has a greater or lesser aptitude for suicide; the expression is based on the nature of things. Each social group really has a collective inclination for the act, quite its own, and the source of all individual inclination, rather than their result.¹

To reiterate here, Durkheim postulated a relatively stable, given current of suicidal trend, within a given society. This current he referred to as the "suicidogenetic current." (p. 323, Suicide) Suicides of individuals occurred within this society because these individuals possessed

insufficient resistance to that extra-individual, the collective trend or current of suicidal tendency. Therefore, he would say, suicide must be studied by investigating the whole society and not by investigating the individuals within it. Herein lies the grand difference between the psychoanalyst viewing the suicide and the sociologist viewing the suicide. The former starts with the individual (who, says Durkheim, is therefore isolated from other individuals within his society) and the latter begins with the collective body to which that individual belongs.

In another very interesting hypothesis, Durkheim, who states that a certain number of suicides can be annually predicted in all sorts of ways (e.g., season of the year, month, day, time, place, etc.), explains that this suicidogenetic current is related to the degree of activity of the society at any given time, season, etc. To quote Durkheim in this matter:

Since each year has an equal number of suicides, the current does not strike simultaneously all those within its reach. The persons it will attack next year already exist; already, also, most of them are enmeshed in the collective life and therefore come under its influence. Why are they provisionally spared? for since the conditions of social activity are not the same according to season, the current too changes in both intensity and direction at different times of the year. Only after the annual cycle is complete have all the combinations of circumstances occurred in terms of which it tends to vary.²

One may well ask, as indeed Durkheim does, why one cycle isn't sufficient? He explains this simply by stating that "the collective force impelling men to kill themselves therefore only gradually penetrates them. All things being equal, they become more accessible to it as they become older...."³

Interestingly enough, Durkheim, while admitting that it is almost if not actually impossible to stop such a strong current (namely, the suicidogenetic current), nevertheless seems to say that society should have the right to punish the attempted suicide. Keeping in mind that Durkheim and Sociology itself, has the total society (as opposed to the individual) as its key referent, we read the following excerpt:

The only possible thing would be to refuse the suicide the honors of a regular burial, to deprive the author of the attempt of certain civic, political or family rights, such as certain attributes of the paternal power and eligibility to public office. We believe that public opinion would readily agree that whoever tried to evade his fundamental duties should be deprived of his corresponding rights.⁴

In conclusion of this Chapter, this author can only remark that from sociology's point of view, that is, as society is the primary focus and concern of the sociologist, what Durkheim postulates is completely appropriate. The implications of his theories are, for one, that the forces compelling man to stress individuation are forces which can only lead to disunity and disharmony, and will inevitably cause a disrupting factor to the whole societal structure. Seen from Sociology's

view, this appears true.

One can certainly learn a great deal about society through the study of sociological emphases, and when it comes down to treating the suicidal patient, the analyst will have to decide for himself at which end, so to speak, he will stake his claim for 'treatment.'

Concluding this discussion, this author merely wishes to stake his claim for meaning upon the individuation process and further does not accept the conviction of Sociology that such processes of the individual seeking his own place within any society are necessarily working against that society.

Despite appearances to the contrary, the establishment of order and the dissolution of what has been established are at bottom beyond human control. The secret is that only that which can destroy itself is truly alive.⁵

(C. G. Jung: Psychology and Alchemy, 1944)

CHAPTER IV

THEOLOGY AND SUICIDE

Though the last section of this thesis, PART III, is devoted to the Church's role and function as it pertains to the suicide problem, this author nevertheless feels that it would be appropriate to briefly discuss what theology, in general, has believed and taught about suicide in the past.

Needless to say, theology has, for hundreds of centuries, looked upon suicide as a sin, a sin of the worst kind, against God. And because theological doctrine is derived chiefly from the Word of God as set down (in Judaism and in Christianity) in its written interpretations, we must refer first to that body of written material, the Bible.

First, what must be said is that the word suicide does not appear either in the Old Testament or in the New Testament. However, occurrences of it are illustrated primarily in the figure of Saul (I Samuel 31:4-5) in the Old Testament, and of Judas, in the New Testament (Matthew 27:5).

Pivotal to the theological teaching about suicide is the specific Sixth Commandment, which commands "Thou shalt not kill." This Commandment, however, is a necessary subsequent of the First Commandment which places Yahweh as the God above all. What is meant here is the Sovereignty of

God, for it was God who created all of life and it (life) therefore belongs to him. Therefore, "kill" carries with it the demand that nothing belongs to man, not even his life, for even his life was created by God, and it is God's to take away what he has given. In Job 1:21, for example, we read:

And he said, 'Naked I came
from my mother's womb, and
naked shall I return; the
Lord gave, and the Lord has
taken away; ... (RSV)

A similar meaning is implicit in Romans 14:7-9:

None of us lives to himself,
and none of us dies to him-
self. If we live, we live
to the Lord, and if we die,
we die to the Lord; so then,
whether we live or whether
we die, we are the Lord's.

Or, again in I Corinthians 6:19:

Do you not know that your
body is a temple of the
Holy Spirit within you,
which you have from God?
You are not your own; you
were bought with a price.
So glorify God in your body.

Again, in Ephesians 5:29:

For no man ever hates his
own flesh, but nourishes
and cherishes it, as Christ
does the church.

In Acts 16:27-28, Paul is shown as having stopped one of his guards from committing suicide.

It would clearly appear that from Theology's tradition, the odds are stacked against the theological right of

an individual's taking his own life. All of this certainly stems from the conviction that life is God's and no single individual has a right to assume the responsibility of taking that God-given life.

St. Augustine has considerable to say in connection with suicide (Cf. City of God, Chapters 19-27) and following is an excerpt from Book I, Chapter 20.

Putting ... nonsense aside, we do not apply 'Thou shalt not kill' to plants, because they have no sensation; or to irrational animals that fly, swim, walk, or creep, because they are linked to us by no association or common bond. By the Creator's wise ordinance they are meant for our use, dead or alive. It only remains for us to apply the Commandment, 'Thou shalt not kill,' to man alone, oneself and others. And, of course, one who kills himself kills a man.¹

What Theology has stressed, traditionally, is that all of Creation is the product of God, including Man. All life lived (or died) in obedience to God's will was justified. Rebellion against Man or Creation is a sin. Suicide was considered the greatest rebellion against God because in suicide was the ultimate in pride. To decide to end one's life on this earth was assuming the prerogative designated to divinity; in other words, man, in choosing to destroy himself, was attempting to become God. Therein was the extreme example of Pride.

Perhaps the following quote taken from James Hillman's book, Suicide and The Soul, indicates a general weakening or

distrust of traditional authoritative structures, a growing sense of insecurity abroad in most of our contemporary society, or, on the other hand, it might offer a profound theological insight. Only the reader, in the last analysis, may make his own decision. Speaking of pride, Hillman states:

But may not God speak through the soul or urge an action through our own hand? Is it not hubris (pride, arrogance) from the side of theology to put limits on God's omnipotence that death must always come in the ways which do not threaten the theological root metaphor? For it is not God nor religion that suicide denies, but the claims of theology over death and the way it must be entered. Suicide serves notice on theology by showing that one does not dread its ancient weapons: the hereafter and the last judgment. But it does not follow that suicide because it is anti-theological must be ungodly or irreligious. Cannot suicide prompted from within also be a way for God to announce the time to die?²

Closing this Chapter, it must be said that as it pertains to suicide, theology may be seen in one sense as operating on the principle that the community (in its broader meaning, and, for theology in a religious context) is to be the primary consideration of any single, individual member in that community. Sociology, as we have seen in the previous Chapter, maintains a similar view in this respect.

For, in theology as well as in sociology, it is the community which determines the justification of some forms and circumstances of the suicide, collective (e.g., in unavoidable war, national defense, etc.) and individual (a saint, hero, martyr, etc.). But, of the individual who commits suicide, not doing so for religious motives or for motives established by the greater community or society, theology deems this suicide a sin and therefore completely unjustified.

Since God is not confined by the dogmas of theologies alone, but may, and does, reveal Himself through the soul as well, it is to the soul one must look for the justification of a suicide (underlined words are italicized in the original).³

CHAPTER V
EDUCATION AND SUICIDE

Only recently has the impact of suicide among our own American youth begun to make itself felt. Only recently has there been any campaign launched by which our public schools' young students can be introduced, formally, to the whole complex issue of suicide. One significant cry for help in this area has come from Edwin S. Shneidman, Ph.D., of the Suicide Prevention Center in Los Angeles. In a ten-point article, put out by the U.S. Department of Health, Education, and Welfare*, Shneidman has called for "a carefully prepared program in massive public education." (Point #3) Though this program is suggested for all of the public, nevertheless he does make mention of the utility of a public schools' inclusion in this program. In this article, however, what seems (to this author, admittedly) to be the prime goal is the 'detection' and 'diagnosis' of the suicide. As noble as such an achievement might be, however, it nevertheless appears as an ex post facto consideration. In keeping with this thesis - namely, that suicide, with its focus upon life,

*Bulletin of Suicidology, National Clearing House For Mental Health Information, U.S. Dept. of Health, Education, and Welfare, July, 1967.

offers the opportunity of one's 'inner' and 'outer' selves to find co-expression in the individual's soul-search for a sustaining meaning in life - the question comes to mind: In the name of prevention, what meaning can be accomplished by massive detection techniques? Other than the 'meaning' of suicide as it pertains to 'those out there' who find themselves in crises situations, what meaning will be imparted to the youth of our society who already feel alienated from society?

In a word, Education as a profession appears to be increasingly in need of a radical re-evaluation. To speak sociologically (this author dares to assume such liberty), it would seem that the values of our society - and educational theories and values are really but a manifestation of these - are being called into question, especially by the youth. Values and morals of present-day society, by and large, seem to be falling weakly by the wayside. If the "hippie movement" shows little else, it does indicate an increasing state of dissatisfaction with the way things are.

There is so much emphasis placed upon our society's technological capacity ('progress') that our educational institutions can't seem to recruit enough specialists to keep up with the general pace. In theory, at least, the Lord's Prayer attempted to instill in the student the 'value' of quiet meditation: even that last bastion has been removed!

In society, the race appears to be toward affluence and the moon; to our youth, it is moving away from individual meaning. The following citation may help to illustrate this growing sense of alienation.

Moreover, the qualities we stress in our homes and schools rarely include the highest capacities of a strong and flexible ego - its capacity to withdraw to the wings when it has no role. To repeat: creativity, fantasy, direct feeling, immediacy of experience, openness to the sensual, biological, and animal, capacity for full sexual enjoyment or easy childbirth, ability for play, humor, adult childishness, even the ability to sleep and dream - all require an ego which can leave the stage. When this capacity is lacking the result is tightness, the forced smile, the stifled orgasm, the inability to feel strongly, to experience directly, to be refreshed by sleep, to play spontaneously. The human result is a life that, though often rational, cognitive, adaptive, and stable, lacks zest, exuberance, vitality, immediacy, and the capacity for either joy or despair.¹

In a most inspiring book called The Pursuit of Meaning by Joseph B. Fabry, a noted Viennese psychiatrist, Viktor Frankl is quoted as saying, of education:

'It will become the assigned task of education ... to refer man to his conscience and help him refine it. With the aid of a well-educated, trained and refined conscience, we shall always be able to see meanings - the unique meanings inherent in the unique situations of our life.'²

The point is (and Fabry makes explicit reference to it) that education is perhaps stressing the wrong values. "Education stresses excellence, for instance, but excellence in what? As a scientist or as a person?"³

How this whole discussion is related to suicide, both in general and to the rising problem of suicide among our youth can be summarized by saying that society must be made aware of the need to incorporate into its whole educational establishment not only the need for scientific, objective studies which will enable the young student to cope with his technological environment, but also the kind of atmosphere which will inspire that same student to examine life from a subjective, a 'soul' point of view. Beyond emphasizing the need, along this line, for a re-strengthening of the direction offered by an education (by a "refined conscience") in the humanities, this author can suggest no more. True: values and meaning in life cannot be taught - except by example of the educator.

Summary of PART II

The intent of the preceding five Chapters is to bring to light what the basic referents, the fundamental principle, is of Medicine, Law, Sociology, Theology, and Education, particularly as each is related to the instance of suicide. We have seen that for Medicine, the principle

is to preserve physical life, by whatever means possible; for Law, to maintain order and balance, stability and justice for the greater society over which it has jurisdiction; for Sociology, the unifying, integrating forces at work in the total, overall society; for Theology, the principle of community obedience to the will of God, who is the 'Giver' and 'Taker' of things created by Him; for Education, the principle is to teach and reflect the values of its society in order that its students develop the necessary skills and attitudes to maintain these prevalent values and attitudes.

What suicide represents to these 'helping professions' then, is the ultimate threat to their fundamental structures, to their individual modus operandi. Indeed, death itself doesn't seem to be given very much of a real, worthy place. Preventive theories and practices are built-in to each of these professions. This could be interpreted as meaning that prevention is a manifestation of a fear of death. (These professions would not agree, certainly, nor should they, professionally.) Death, in short, is outside their frames of reference.

So, then, from the standpoint of Medicine, Law, Sociology, Theology and Education, prevention of suicide is the logical requirement if their structures are to maintain their traditional goals.

What is being drawn into question here is whether the

prevention programs of any of these professions can really lead to a better understanding of what suicide means to the individual contemplating it. To be sure, there are thousands upon thousands of lives 'saved' every year by various prevention programs. (The SPC - Suicide Prevention Center, Los Angeles, and Rescue, Inc., of Boston, to name only two of the larger organizations.) However, it seems to this author that, in many instances, to step in with preventive measures, such as drugs and/or hospitalization, may in the last analysis only serve to heighten the frustration which the patient felt about life as he was living it in the first place. If contemplating one's own death implies contemplating one's own life, then to interrupt that process prematurely carries with it the risk that insight into life will also be prematurely thwarted. As Jung states: "The negation of life's fulfillment is synonymous with the refusal to accept its ending. Both mean not wanting to die. Waxing and waning make one curve. Whenever possible, our consciousness refuses to accommodate itself to this undeniable truth."¹

The suicidal person is giving death its due place in his life. As was said in Chapter I, PART ONE, there are innumerable death patterns within one's individual life, whether through dreams, fantasy, the 'death' of attitudes, accidents, etc. In its multitudinous forms in dreams, for

example, we have an illustration of the psyche finding means of expressing its own thoughts, its inner-most meanings. What usually happens, though, is that such dreams are forgotten, ignored, or denied by the person's conscious mind, so that what has happened has been that loss of contact between the inner and outer areas of experience. Suicide, on the other hand, or rather the contemplation of suicide can be seen as a radical demand by that inner world of personhood, the soul or psyche, to receive its just hearing.

Contemplation of suicide, then, can be the opportunity for a meaningful examination of life through death, as that term death has been used in this paper, namely, the dying-away of old ways of viewing life in favor of finding more profound meaning. All of this means that the soul must be listened to for its interpretation of death and life. And because this necessarily involves thinking about actual, biological death, the suicidal individual will likely not find much help in interpreting what the soul is experiencing within the professional contexts of those professions which have not made room for death.

This necessitates a rather high degree of freedom, the freedom to consider one's life and death, one's inner and outer self. Could it not be possible that prevention, while 'saving' lives, may be obstructing that freedom, and preventing healing?

FOOTNOTES

Introduction.

1. Edwin S. Shneidman and Norman L. Farberow, edit., Clues to Suicide, McGraw-Hill Book Company, Inc., New York, 1957, p. v.

PART ONE

Chapter I. Experiences of Death.

1. James Hillman, Suicide and The Soul, Harper & Row, Publishers, New York, 1964, p. 65.
2. James Hillman, Suicide and The Soul, pp. 64-65.
3. James Hillman, Suicide and The Soul, p. 65.
4. Alcoholics Anonymous World Services, Inc., Twelve Steps and Twelve Traditions, p. 21.
5. James Hillman, Suicide and The Soul, p. 68.
6. U.S. Department of Health, Education, and Welfare, Public Affairs Pamphlet, No. 406, pp. 22-23.
7. Edwin S. Shneidman and Norman L. Farberow, edit., The Cry for Help, McGraw-Hill Book Company, New York, 1965, p. 194.
8. Shneidman and Farberow, edit., The Cry for Help, p. 195.
9. Kenneth Keniston, The Uncommitted, A Delta Book, 1965, p. 374.
10. Shneidman and Farberow, edit., The Cry for Help, p. 195.
11. Shneidman and Farberow, edit., The Cry for Help, p. 195.
12. James Hillman, Suicide and The Soul, p. 68.
13. James Hillman, Suicide and The Soul, p. 69.
14. James Hillman, Suicide and The Soul, pp. 75-76.

Chapter II.

A. Psychoanalysis and Suicide: A Review of Current Psychoanalytic Theory in Relation To the Problem of Suicide.

1. Norman L. Farberow and Edwin S. Shneidman, edit., The Cry for Help, McGraw-Hill Book Company, New York, 1965, pp. 168-9.
2. Farberow and Shneidman, The Cry for Help, p. 169.
3. Farberow and Shneidman, The Cry for Help, p. 291.
4. Farberow and Shneidman, The Cry for Help, p. 182.
5. Farberow and Shneidman, The Cry for Help, pl 293.
6. Farberow and Shneidman, The Cry for Help, p. 205.
7. Farberow and Shneidman, The Cry for Help, p. 204.
8. Farberow and Shneidman, The Cry for Help, p. 205.
9. Farberow and Shneidman, The Cry for Help, p. 207.
10. Farberow and Shneidman, The Cry for Help, p. 208.
11. Farberow and Shneidman, The Cry for Help, p. 206.
12. Farberow and Shneidman, The Cry for Help, p. 257.
13. Farberow and Shneidman, The Cry for Help, p. 258.
14. Farberow and Shneidman, The Cry for Help, p. 258.
15. Farberow and Shneidman, The Cry for Help, p. 258.
16. Farberow and Shneidman, The Cry for Help, p. 259.
17. C. G. Jung, Psychology and Religion: West and East, trans. R.F.C. Hull, Pantheon Books, New York, 1958, pp.331-2.
18. C.G. Jung, Psychology and Religion: West and East, pp. 330-1.
19. Farberow and Shneidman, The Cry for Help,p. 203.
20. Albert Camus, The Myth of Sisyphus, trans. J. O'Brien, New York, Vintage Books, 1959, p. 3.

21. Farberow and Shneidman, The Cry for Help, p. 196.

PART TWO

Chapter I. Medicine and Suicide.

1. James Hillman, Suicide and The Soul, pp. 33-4.
2. "Death and Bereavement," Modern Medicine, March 11, 1968, p. 54.
3. "Death and Bereavement", Modern Medicine, p. 54.
4. James Hillman, Suicide and The Soul, p. 34.
5. Kenneth A. Fisher, "Crisis In The Therapist," The Psychoanalytic Review, Spring, 1967, p. 97.

Chapter II. Law and Suicide.

1. James Hillman, Suicide and the Soul, p. 29.
2. James Hillman, Suicide and the Soul, p. 27.
3. _____, "Ought Suicide To Be A Crime?", The Church Information Office, London, 1959, p. 6.
4. _____, "Ought Suicide To Be A Crime?", p. 34.
5. James Hillman, Suicide and The Soul, p. 30.

Chapter III. Sociology and Suicide.

1. Emile Durkheim, Suicide, trans. J.A. Spaulding and G. Simpson, The Free Press, Glencoe, Illinois, 1951, p. 299.
2. Emile Durkheim, Suicide, p. 324.
3. Emile Durkheim, Suicide, p. 325.
4. Emile Durkheim, Suicide, p. 371.
5. James Hillman, Suicide and The Soul, p. 14.

Chapter IV. Theology and Suicide.

1. St. Augustine, City of God, trans. G.G. Walsh, D. B. Zema, Grace Monahan, D. J. Honan, Image Books, New York, 1958, p. 56.

2. James Hillman, Suicide and The Soul, p. 32.
3. James Hillman, Suicide and The Soul, p. 33.

Chapter V. Education and Suicide.

1. Kenneth Keniston, The Uncommitted, pl 377.
2. Joseph B. Fabry, The Pursuit of Meaning, Beacon Press, Boston, 1968, p. 113.
3. Joseph B. Fabry, The Pursuit of Meaning, p. 116.

Summary of PART TWO.

1. Farberow and Shneidman, The Cry for Help, p. 193.

PART THREE

Chapter I. The Church and Its Offering.

1. James Hillman, Suicide and the Soul, p. 93.
2. Joseph B. Fabry, The Pursuit of Meaning, p. 112.
3. Joseph B. Fabry, The Pursuit of Meaning, p. 175.
4. Joseph B. Fabry, The Pursuit of Meaning, p. 174.

Chapter II. The Role of the Minister.

1. Joseph B. Fabry, The Pursuit of Meaning, p. 174.

BIBLIOGRAPHY

- _____. Twelve Steps and Twelve Traditions, Alcoholics Anonymous World Services, Inc., 1953.
- St. Augustine, City of God, trans. Walsh, Zema, Monahan, Honan, Image Books, Garden City, New York.
- Bosselman, Beulah Chamberlain, Self-Destruction, Charles C. Thomas, Publisher, Springfield, Illinois, 1958.
- Camus, Albert, The Myth of Sisyphus, trans. Justin O'Brien, New York, Vintage Books, 1959.
- Dublin, Louis I., Bunzel, Bessie, To Be or Not To Be, Harrison Smith and Robert Haas, New York, 1933.
- Durkheim, Emile, trans., John A. Spaulding and George Simpson, Suicide, The Free Press, Glencoe, Illinois, 1951.
- Fabry, Joseph B., The Pursuit of Meaning, Beacon Press, Boston, 1968.
- Hillman, James, Suicide and The Soul, Harper & Row, Publishers, New York and Evanston, 1964.
- Hillman, James, Insearch, Charles Scribner's Sons, New York, 1967.
- Farberow, Norman L., Shneidman, Edwin S., The Cry for Help, McGraw-Hill Book Company, New York, 1965.
- Fedden, Henry Romilly, Suicide: A Social and Historical Study, Peter Davies, Limited, London, 1938.
- Fletcher, Joseph, Moral Responsibility, The Westminster Press, Philadelphia, 1967.
- Jung, C. G., Psychology and Religion: West and East, Pantheon Books, New York, 1958.
- Kaiser, Hellmuth, Effective Psychotherapy, edit. Fierman, L., The Free Press, New York, 1965.

Keniston, Kenneth, The Uncommitted: Alienated Youth in American Society, A Delta Book, New York, 1967.

Nietzsche, Friedrich, Thus Spake Zarathustra, trans. Common, T., New York, The Macmillan Company, 1914.

Nietzsche, Friedrich, Beyond Good and Evil, trans. Zimmern, H., New York, The Macmillan Company, 1914.

Stengel, Erwin, Suicide and Attempted Suicide, Penguin Books, Baltimore, 1964.

Kobler, Arthur L., and Stotland, Ezra, The End of Hope, The Free Press of Glencoe, Illinois, 1964.

Shneidman, Edwin S., Farberow, Norman L., Clues to Suicide, McGraw-Hill Book Company, Inc., New York, 1957.

Periodicals

_____, Community Mental Health Journal, Fall, 1967, Number 3, Volume 3.

_____, The Psychoanalytic Review, Fall, 1967.

_____, The Psychoanalytic Review, Spring, 1967.

Reports

Murphy, K. B., Rescue, Inc., vs. Suicide.

_____, "Ought Suicide To Be A Crime?", The Church Information Office, London, 1959.

Public Documents

U.S. Department of Health, Education and Welfare, Bulletin of Suicidology, July, 1967.

Public Affairs Pamphlet, No. 406, "How To Prevent Suicide," Shneidman, Edwin S., Mandelkorn, Philip, August, 1967.

Other Sources

Proceedings of a Second Technical Assistance Project Conference, on Suicide and Depression, February 1, 2, 3, 1967, State of New Hampshire.